

Strengthening Our Rural Health Workforce Act of 2016

Senator Al Franken

This legislation includes comprehensive reforms to strengthen our rural health workforce, including efforts to assess our health care workforce needs, expand the number of primary care providers, support emerging professions, and grow the mental health workforce in rural areas.

Background. Health care facilities in rural communities have greater difficulty recruiting and retaining a skilled workforce compared to providers in urban or suburban settings. As a result, workforce shortages are threatening the viability and quality of health care in rural America, particularly in the primary care, mental health, and dental health fields. Compounding these shortages is the fact that many rural care providers are older and nearing retirement, while others are leaving for higher paying jobs in other fields or in larger markets. To fill other essential positions, rural health systems must also compete with non-health-care employers over a limited pool of available workers. Moreover, budget cuts and other payment challenges have made it harder for these rural health employers to offer competitive salaries, flexible work schedules, and other employee benefits that make rural hospitals and health systems attractive work environments. This legislation tackles these challenges by supporting programs that increase the number of care providers in rural areas and enable them to stay there.

Conduct comprehensive strategic planning for workforce needs. *This legislation funds efforts to assess health care workforce needs now and in the future.*

- Reauthorizes the National Health Care Workforce Commission, a multi-stakeholder advisory committee tasked with developing a national health care workforce strategy. The commission will assess workforce supply and demand, education and training capacity, and encourage innovations to address emerging population needs. The legislation also directs the commission to focus on programs targeted to rural and medically underserved areas.

Improve Training Programs for Rural Physicians and other Primary Care Training Programs. *This legislation supports physician training programs in rural communities.*

- Calls on the Secretary of Health and Human Services to clarify the definition of rural track training programs across federal programs so that more health care facilities are able to participate.
- Requires the US. Government Accountability Organization (GAO) to report on graduate medical education funding structures and their success of bringing physicians to practice in rural communities.
- Redistributes unused residency positions to rural hospitals.
- Reauthorizes the Primary Care Residency Expansion Program, which supports innovative residency programs in family medicine, general internal medicine, and general pediatrics, often in rural and other medically underserved areas.
- Reauthorizes Area Health Education Centers, which partner with academic centers to recruit and train students from minority and disadvantaged backgrounds, increase the number of primary care providers in underserved communities, promote interprofessional training, and other initiatives to improve the quality of care.

Increases Support for Emerging Professions. *This legislation supports education programs for health professions that use interdisciplinary and community-based strategies to prepare a workforce that can respond to the complex health care needs in rural and other underserved communities. These programs have demonstrated success in preparing culturally competent health care providers for practice in diverse communities.*

- Reauthorizes the Quentin N. Burdick Program for Rural Interdisciplinary Training, which educates and trains professionals and paraprofessionals in interdisciplinary programs to improve access to cost-effective, high- quality of care in rural areas.
- Reauthorizes vital dental health training programs, including those that provide predoctoral, postdoctoral, and faculty development grants in dentistry as well as the dental faculty loan repayment program. The legislation also opens the program to include dental therapists.
- Reauthorizes a demonstration program to establish training programs to educate or employ dental therapists and other alternative dental health care providers to increase access to services in rural and other underserved communities.
- Incorporates emerging health professionals, such as community paramedics, into existing loan forgiveness programs and other training programs for allied health professionals.
- Reauthorizes health promotion and care coordination programs at the Centers for Disease Control and Prevention that utilize community health workers who practice in rural areas.
- Requires a GAO report to improve data collection on emerging health care professionals, improve calculations on the return on investment, and how these professions can be funded.

Expands our Mental Health Workforce. *This legislation supports careers in mental health across disciplines, establishes mental health and substance use disorder curriculum, and streamlines existing mental health and behavioral health workforce programs.*

- Creates mental health and substance use disorder training programs for schools of medicine, nursing, physicians assistants, pharmacy, social work, and other allied professions to ensure that all care providers can appropriately recognize and respond to mental illness.
- Reauthorizes essential mental and behavioral health grants that recruit and train graduate students in mental and behavioral health fields that practice in rural and other high need areas.